

Mental Health in Schools

Iowa Mental Health and Disability Services Commission

August 17, 2017

Integrating School Mental Health within a multi-tiered system of supports



NITT
NOW IS THE TIME

**Project
AWARE**



School based mental health: Options for LEA Consideration

Service Types

Behavioral Health Intervention Service
Family Counseling
Group Counseling
Individual Counseling
Medication Management

Funding Approaches

1. Commercial Insurance Reimbursement
2. Family Expense
3. Medicaid Reimbursement
4. Non Reimbursable LEA Expense

Services in School

Contractor for non-IEP students: LEAs could contract with a Community Mental Health Center, a Federally Qualified Health Center, a community-based mental health agency, or a private, independently licensed mental health clinician to provide School-based mental health services for students who do not have IEPs. Providers from any of those types would bill Medicaid or private insurance on a fee for service basis; otherwise this would be a Non Reimbursable LEA Expense.

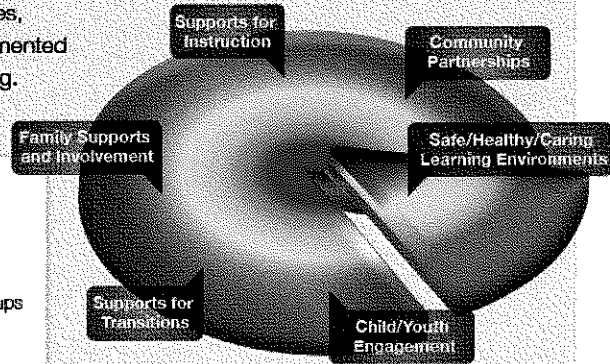
It is important for LEAs who are considering contracting with a licensed clinician/organization to provide school-based mental health counseling to know that **LEAs must hold individual contracts with the school-based clinician; they are not allowed to share a single contract with another LEA.** However, because of the high need for mental health providers, particularly in rural communities, an LEA might consider coordinating scheduling efforts with an independently licensed therapist to provide school-based therapy. (On a fee for service basis, travel time to/from different buildings and client no-shows are not billable hours for the therapists.)

LEA/LEA Employed or Contract Staff for IEP students: Additional staff employee or contractor who meets MH Professional qualifications to provide Medicaid billable individual or group or family services to IEP students; BOEE certified School Social Worker or School Psychologist; IDPH licensed Psychologist, LMSW, LISW, MFT, NHC.

Learning Supports are the wide range of strategies, programs, services, and practices that are implemented to create conditions that enhance student learning.

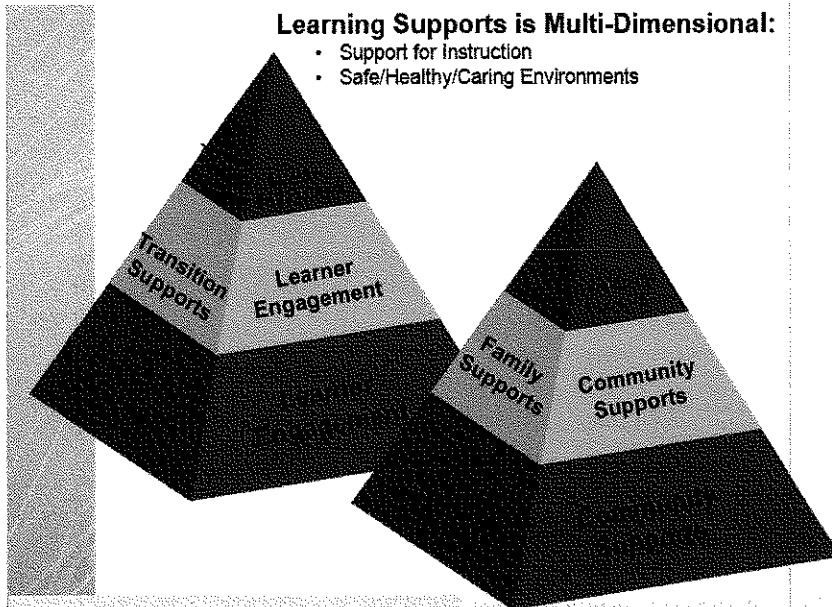
Learning supports:

- promote core learning and healthy development for all students,
- are proactive to prevent problems and serve as early interventions and supplemental support for targeted groups of students, and
- provide intensive and highly individualized supports for some students.



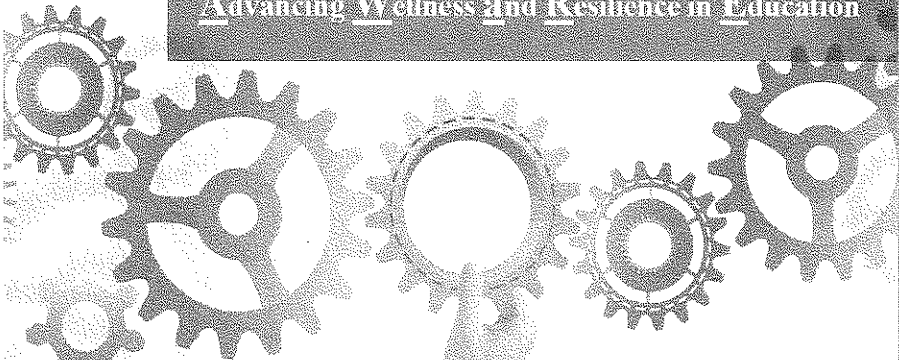
Learning Supports is Multi-Dimensional:

- Support for Instruction
- Safe/Healthy/Caring Environments

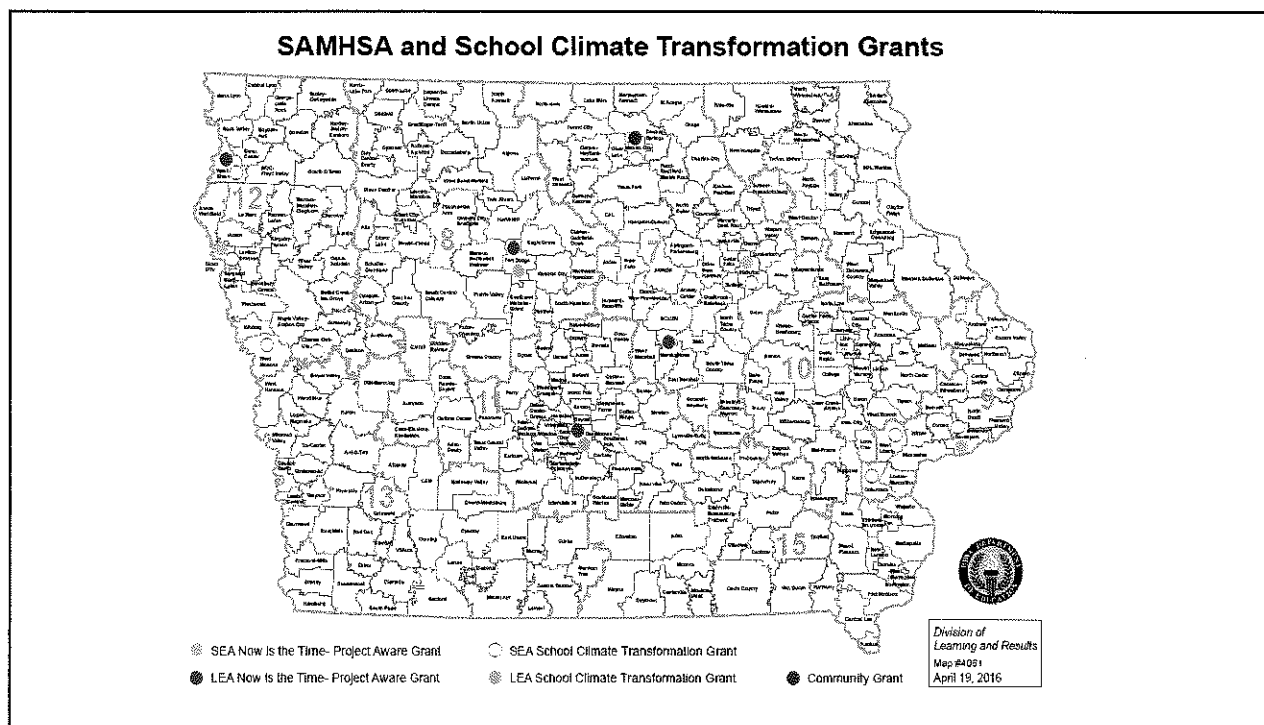


PROJECT AWARE

Advancing Wellness and Resilience in Education



To improve mental health literacy among youth-serving adults and to build cross-system capacity for comprehensive mental health approaches in states and communities.



School Climate Transformation Grant

- **Goal 1:** Build state's capacity to support the implementation of Positive Behavior Intervention and Supports (PBIS)
- **Goal 2:** Build Local Education Agencies' (LEA) capacity to support implementation of PBIS



Project AWARE Iowa

- **Goal 1:** Increase awareness of mental health issues
- **Goal 2:** Train school and community members in each of the 3 partner communities (Davenport, Sioux City, & Waterloo) to recognize potential risk factors and warning signs for a range of mental health problems through the Youth Mental Health First Aid Program. We also have a state Instructor team to build capacity throughout Iowa.
- **Goal 3:** Help partner Local Education Agencies (LEAs) effectively implement systems to: (1) identify students early, (2) refer students to appropriate behavioral health supports, and (3) monitor student progress to ensure the supports are effective



Why is this important?

- Suicide is the second leading cause of death for youth ages 15 to 24 in Iowa, and in the nation.
- On the 2014 Iowa Youth Survey, 15 percent of 8th graders and 16 percent of 11th graders responded that they had seriously thought about suicide in the past 12 months.
- One in five youth ages 13 – 18 have or will have a serious mental illness
- Fifty percent of all lifetime cases of mental illness begin by age 14.
- The average delay in accessing intervention from the onset of symptoms is 8 to 10 years.
- Early intervention results in more successful outcomes. Getting help early increases the chances that a person will make a full recovery from mental illness.
- Mental Illness, like physical illness, can be effectively treated.

From: The National Institute of Mental Health, Center for Disease Control and Prevention, www.cdc.gov; 2014
Iowa Youth Survey



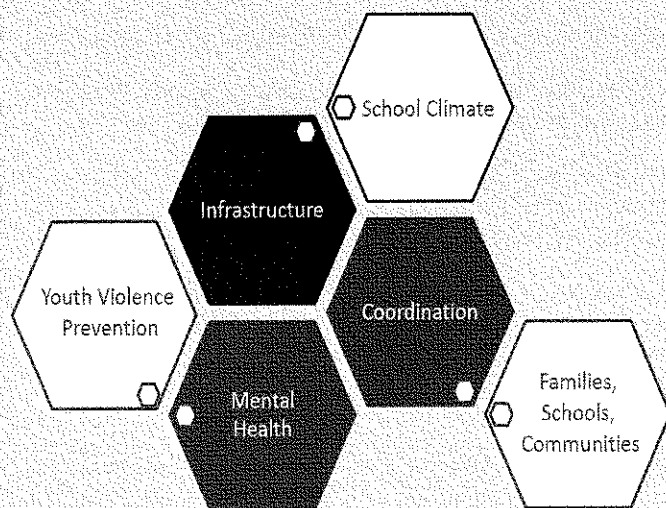
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Component One

Component Two



WHAT IS COMPONENT 1?



ADVANCING EDUCATION EFFECTIVENESS:

INTERCONNECTING SCHOOL MENTAL HEALTH
AND SCHOOL-WIDE POSITIVE BEHAVIOR SUPPORT

Advancing Education Effectiveness: Interconnecting School Mental Health and School-Wide Positive Behavior Support

*Editors: Susan Barrett,
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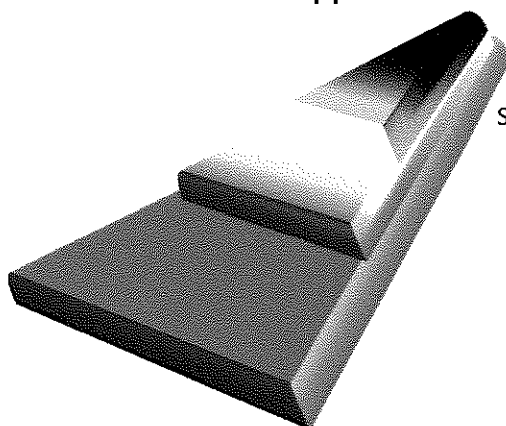
pbis.org

csmh.umaryland

IDEA Partnership NASDSE

Multi-Tiered Systems of Support (MTSS) – Supports for Instruction and Behavior

Layers are **added**
for those that need
additional supports



Intensive Tier:

Individualized, intensive,
evidence-based support for a
FEW students

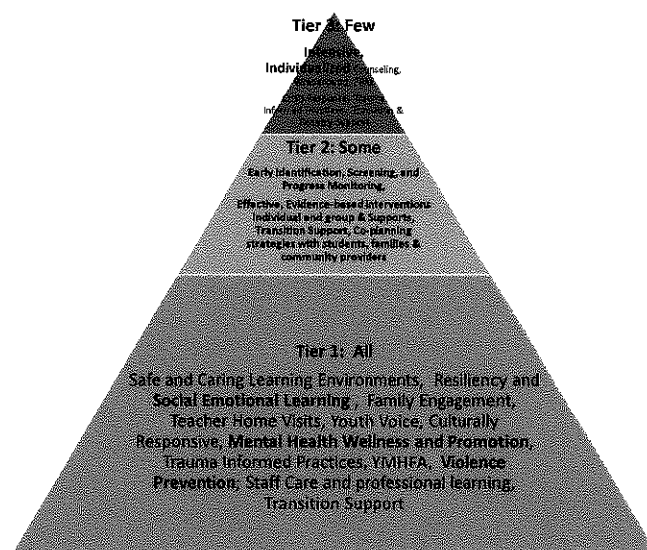
Targeted Tier:

Small group, targeted, evidence-based
strategies and supports for **SOME**
students

Universal Tier:

Robust instruction & support for **ALL**
Students

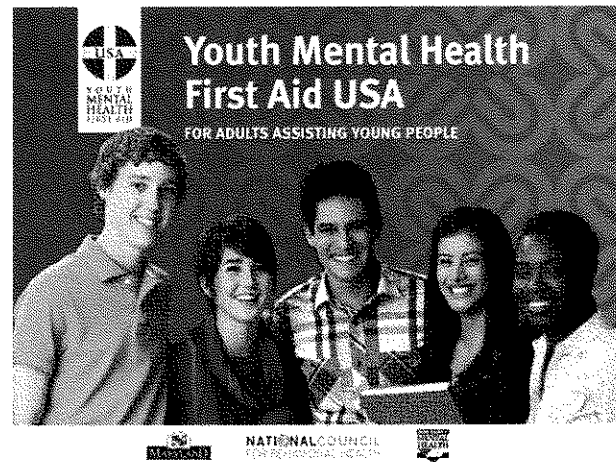
Integrating Mental Health within a Multi-Tiered System of Support (MTSS)



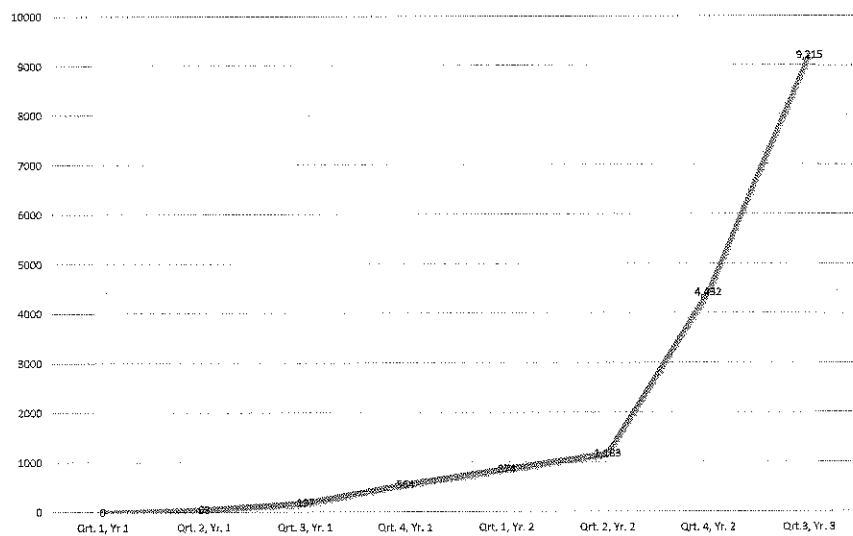
Component Two



- 109 Certified Instructors trained
- 2,224 First Aiders
- Resulting in 9,215 referrals of youth by an Instructor or First Aider to mental health or related services (as of August 1, 2017).
- Partnering with AEAs, other state-wide stakeholders to create Instructor training cadre.



Number of youth referred by a First Aider to mental health or other services



Questions?



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